

A. Ralph Mollis, Secretary of State
Corporations Division
i48 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

(N.F.G.E. 7-70-00 (D&C)) 1	3 Subject i	o a penany jee oj \$25.00	•				
1. ID No.	2. Exact i	name of the limited liability company					
149178	Oaklei	gh Avenue Properties, LLC					
3. State of Formation 4. Brief description of the character of the business which				ch is actually conducted in Rhode Island	i		
RHODE ISLAND REAL ESTATE RENTALS							
5. Principal office address 8525 W. Stark St. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM			rk St	Portland	State Or.		97229
Contact Name	oo or _e ri	MILED LIABILITY	OMPANY AND NAME	Contact Title A		, m - * · · · · · · · · · · · · · · · · · ·	
Bonnie V. Herrick				Manager - partner owner			
Street Address 8.525 W.Stark St				City Potland	Stage		97229
	omandado films	Olared	· · · · · · · · · · · · · · · · · · ·			gg er innster er in	, , , , , , , ,
7. NAME AND ADDI	uss or	EACH MANAGER O	F THE LIMITED LIABI BEFORE USING ATTA	CHMENTS ("X" BOX FOR ATT		OT HST	<u>MEMBERS</u>
	. 15		, DEI GAL COM, A.A.		Section 1	#: U :	
Bonnie V. Herrick				Manager Name			
Street Address 8525	- W	Stark S	it.	Street Address			
Portland	l	Stage	2ip 97229	City	State		Zip
Manager Name				Manager Name			
Street Address			Street Address				
City		State	Zip	City	State		Zip
8. RESIDENT AGENT	IN RHO	DE ISLAND - DO N	OT ALTER - Changes	: require filing of Form 642 - 1	 R.I.G.L. 7-1:	6-11	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER: Changes Agent Name			Address				
GERARD J. WAGNER							
Address				City	Zip		
16 OAKLEIGH AVENUE			NORTH PROVIDENCE	TH PROVIDENCE 02911-			

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	FILED
2 4	
Check No	
Ву:	By
	FOR SECRETARY OF STATE USE ONLY

including any accompanyir	declare and affirm that I have examined this report, and schedules and statements, and that all statements,
contained begein are true a	H)/ . ,
Signature of Authorized Pers	on Date 10-24-57
Donnie Print or Type Name of Autho	V. TETTICK